

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-010031

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN New Madrid,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Delta Community Hospital D. S. A.		d. STREET ADDRESS (If outside, give location) 1415 Davis	
3. NAME OF DECEASED (Type or print) Samuel Jessie Harris		4. DATE OF DEATH Month Feb. Day 21 Year 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept, 22 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY -- --	
11. BIRTHPLACE (City and state or country) Malden Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Jessie M. Harris		13b. MOTHER'S MAIDEN NAME Caroline Hemphill	
14. NAME OF HUSBAND OR WIFE Fannie Harris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) No.	
16. SOCIAL SECURITY NO. 22A		17. INFORMANT Fannie Harris New Madrid, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Emphysema DUE TO (b) Emphysema DUE TO (c) Emphysema		INTERVAL BETWEEN ONSET AND DEATH 2 hours 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2-0 a.m. p.m. Month, Day, Year 2-24-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION New Madrid, Mo.	
21. I attended the deceased from 21 Feb 63 to 21 Feb 63 and last saw him alive on 21 Feb 63 Death occurred at 21 Feb 63 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Charles C. Ruder M.D.	
22b. ADDRESS New Madrid, Mo.		22c. DATE SIGNED 23 Feb 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/24/63	23c. NAME OF CEMETERY OR CREMATORY Mounds Park	
23d. LOCATION (City, town, or county) Near New Madrid, Mo.		24. FUNERAL DIRECTOR Richards Funeral Home, Inc.	
25. DATE RECD. BY LOCAL REG. Feb 28, 1963		26. REGISTRAR'S SIGNATURE Jeanette Waldman	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Permit renewed Feb 21-1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. B. Hedgcock*
Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.